

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	WTC	JC 569	3/26/10
<b>RESPONSE FORMALITY REVIEW</b>			

5032  
INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	Final
2	Original
3	10/26/10
4	✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ 0
10	✓ ✓
11	✓ ✓
12	✓ ✓
13	✓ ✓
14	✓ ✓
15	✓ ✓
16	✓ ✓
17	✓ 0
18	✓ ✓
19	✓ J
20	✓ ✓
21	✓ 0
22	✓ ✓
23	✓ ✓
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	✓ J
28	✓ J
29	✓ ✓
30	✓ J
31	✓ V
32	✓ ✓
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If more than 150 claims or 10 actions  
staple additional sheet here